

DOCUMENTATION OF TELEPHONE VERIFICATION

Applicant/Resident: _____

Unit No. : _____

Part I:

Oral (telephone) verifications may be used when other methods are not feasible. Describe the reason(s) why third-party written or first hand verifications are not feasible in this instance. **NOTE: Attempts at third-party and first-hand verifications MUST be documented in the file.**

Part II:

In lieu of third-party written or first hand verification, on _____, at _____,
(Date) (Time)

I spoke with _____,
(Contact Person) (Title)

at _____ at _____.
(Phone Number) (Name of Employer)

Part III:

Date Employment Began: _____ Date Employment Ended: _____

Employee's Position: _____

Gross Pay Before Deductions

Wage/Salary: \$ _____ Hourly Weekly Bi-Weekly Monthly Annually

Gross Year-to-date Earnings: \$ _____ (Period Covering) From: _____ To: _____

Average number of hours worker per week: _____ Number of weeks employed each year: _____

Overtime (OT) Rate: \$ _____ Average number of hours worked per week: _____

Shift Differential Rate: \$ _____ Average number of hours worked per week: _____

Amount of tips, commission, bonuses, other: \$ _____ Weekly Monthly Annually

Expected change in pay: \$ _____ Effective Date: _____

Is the employee's work seasonal or sporadic? _____ If yes, what is the layoff period? _____

Other remarks regarding employee's income: _____

(Signature of Owner or Authorized Representative)

(Date)

(Printed Name)

(Printed Title)

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.